
State: District of Columbia **Filing Company:** Colonial Life & Accident Insurance Company
TOI/Sub-TOI: H07G Group Health - Specified Disease - Limited Benefit/H07G.001 Critical Illness
Product Name: Group Critical Illness/Cancer
Project Name/Number: Group Critical Illness/Cancer /GCI6000

Filing at a Glance

Company: Colonial Life & Accident Insurance Company
Product Name: Group Critical Illness/Cancer
State: District of Columbia
TOI: H07G Group Health - Specified Disease - Limited Benefit
Sub-TOI: H07G.001 Critical Illness
Filing Type: Rate
Date Submitted: 01/13/2020
SERFF Tr Num: UNUM-132106301
SERFF Status: Assigned
State Tr Num:
State Status:
Co Tr Num: GCI6000 - RATES
Implementation: On Approval
Date Requested:
Author(s): Cathy Brooks, Tyra Marshall, Brandi Wessinger, Stephany Suite
Reviewer(s): Darniece Shirley (primary), John Morgan
Disposition Date:
Disposition Status:
Implementation Date:

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General Information

Project Name: Group Critical Illness/Cancer	Status of Filing in Domicile: Pending
Project Number: GCI6000	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments: SC is the domicile state
Explanation for Combination/Other:	Market Type: Group
Submission Type: New Submission	Group Market Size: Small and Large
Group Market Type: Employer, Association, Other	Explanation for Other Group Market Type: Unions
Overall Rate Impact:	Filing Status Changed: 01/24/2020
	State Status Changed:
Deemer Date:	Created By: Brandi Wessinger
Submitted By: Brandi Wessinger	Corresponding Filing Tracking Number: UNUM-132106302

Filing Description:

RE:NAIC#:0565 / 62049
 Insurer:Colonial Life & Accident Insurance Company
 Forms: GCI6000-P, et al
 Type of Filing: Group Specified Disease

Dear Commissioner:

Attached for your review and approval are our new group specified disease policy, certificate, riders, and associated forms.

FormDescription Flesch Score

GCI6000-PGroup Specified Disease Master Policy52.1
 GCI6000-C-DCGroup Specified Disease Certificate51.8
 R-GCI6000-CBGroup Cancer Benefits Rider50.6
 R-GCI6000-BBGroup First Diagnosis Building Benefit Rider50.3
 R-GCI6000-HB-DCGroup Heart Benefits Rider50.6
 R-GCI6000-INF-DCGroup Infectious Diseases Rider50.4
 R-GCI6000-PD-DCGroup Progressive Diseases Rider50.7
 GCI6000 Port-DCElection of Group Specified Disease Insurance Portability Coverage
 GCI6000 Enroll-DCGroup Specified Disease Insurance Enrollment Form
 GCI6000 E of I-DCGroup Specified Disease Insurance Evidence of Insurability Form
 GCI6000SD19 Group Specified Disease Supplemental Data Form

The forms do not replace any forms currently on file with your department. The readability scores for these forms are listed above. The text of the forms is uniform and no less than ten (10) point font size.

These forms will be offered and marketed primarily at the worksite as supplemental insurance and not as a substitute for hospital or medical expense insurance or major medical insurance. Benefits provided are not intended to cover all medical expenses. There is no coordination of benefits. Please note all benefits are indemnity based.

These forms do not constitute comprehensive health insurance coverage and do not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

Coverage will be marketed to employer/employee groups by licensed Colonial Life & Accident Insurance Company agents and through relationships with insurance brokers. Premiums may be paid 100% by the employees or by full or partial contributions

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from the policyholder. This coverage may be marketed to associations and unions.

The group specified disease policy and certificate provides benefits for several critical illness conditions, additional critical illnesses for dependent children and cancer. The group policy also provides an optional Wellbeing Assistance Benefit.

We are also submitting several optional riders that provide coverage for supplemental critical illnesses, cancer, heart procedures, infectious diseases and progressive diseases.

Coverage amounts and which optional riders to offer will be chosen by the policyholder. The named insured will be able to select coverage options to meet their needs. The issue ages for this product will range from 16-74. Benefits are also available for spouse and dependent children.

Bracketed information is variable and may be removed or altered. A Statement of Variability is included with this filing and provides more detailed information regarding the requested variability.

The enrollment form, election of portability coverage form, evidence of insurability form and supplemental data form will be used with this product. The evidence of insurability form is bracketed for flexibility to support future enhancements to underwriting, based on face amount and age of the proposed insured. The supplemental data form will be used for overflow data from the additional data section on the enrollment and evidence of insurability forms. Form MAPP-DC, Application for Group Insurance, previously approved by your Department is the master application that is used with our group products. It was approved by your Department on 3/13/2013 under SERFF # UNUM-128907549.

An Underwriting Statement of Variability is also included with this filing and provides a more detailed explanation about the brackets within the evidence of insurability form.

Enrollment methods include agent-assisted situations, in person or via call centers and self-enrolled situations, using paper or electronic application processes, such as web-based. Electronic application processes may also be used in agent-assisted situations.

A separate forms filing has been submitted under SERFF# UNUM-132106302.

These forms have been submitted to our domicile state, South Carolina.

We reserve the right to alter the layout of these forms including ordering of the provision, color, typeface and font and to change variables as requested by a specific employer to accommodate future product design needs as long as such changes are in compliance with your state law without re-filing due to future technology changes (i.e. paper size, font, page numbers, ordering of the provisions, line ending or page ending changes). Any minimum font-size requirements will be in compliance with your state law. We also reserve the right to use these forms in an electronic format and certify that we will retain the approved final print format.

Thank you for your consideration. If acceptable, we shall appreciate your notifying us via SERFF. If you have any questions, please contact me at (800) 845-7330, extension 82962. My email address is blwessinger@coloniallife.com. The fax number is (803) 750-7341.

Sincerely,

Brandi Wessinger
Product Compliance Consultant

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Company and Contact

Filing Contact Information

Brandi Wessinger, Product Compliance blwessinger@coloniallife.com
Consultant II
1200 Colonial Life Boulevard 803-678-2962 [Phone]
Columbia, SC 29202

Filing Company Information

Colonial Life & Accident Insurance Company	CoCode: 62049	State of Domicile: South Carolina
1200 Colonial Life Boulevard	Group Code: 565	Company Type:
Post Office Box 1365	Group Name:	State ID Number:
Columbia, SC 29202	FEIN Number: 57-0144607	
(803) 798-7000 ext. [Phone]		

Filing Fees

Fee Required?	No
Retaliatory?	No
Fee Explanation:	

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Rate Information

Rate data applies to filing.

Filing Method:	SERFF
Rate Change Type:	Neutral
Overall Percentage of Last Rate Revision:	0.000%
Effective Date of Last Rate Revision:	
Filing Method of Last Filing:	0
SERFF Tracking Number of Last Filing:	

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Colonial Life & Accident Insurance Company	0.000%	0.000%	\$0	0	\$0	0.000%	%

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Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		Actuarial Memorandum GCI6000-P-DC Appendix 1 (Rate Sheets)	GCI6000-P, GCI6000-C-DC, GCI6000-BB, GCI6000-CB, GCI6000-HB-DC, GCI6000- INF-DC, GCI6000-PD-DC	New		Actuarial Memorandum GCI6000-P-DC Appendix 1 (Rate Sheets).pdf,

Colonial Life & Accident Insurance Company
Appendix 1
Policy Forms GCI6000-P, GCI6000-C-DC, GCI6000-BB, GCI6000-CB, GCI6000-HB-DC, GCI6000-INF-DC, and GCI6000-PD-DC
Sample Monthly Issue Age Premium Rates

▪ Critical Illness Benefits					▪ Critical Illness Benefits ▪ Cancer Benefits with \$400 Skin Cancer Benefit					▪ Cancer Benefits with \$400 Skin Cancer Benefit					▪ Cancer Benefits with \$400 Skin Cancer Benefit - Composite Rated				
Rates illustrated per unit. Named Insured unit value=\$1,000. Spouse and Dependent Children unit value=\$500.					Rates illustrated per unit. Named Insured unit value=\$1,000. Spouse and Dependent Children unit value=\$500.					Rates illustrated per unit. Named Insured unit value=\$1,000. Spouse and Dependent Children unit value=\$500.					Rates illustrated per unit. Named Insured and Spouse unit value=\$1,000. Dependent Children unit value=\$2000.				
Issue Age (Named Insured)	Named Insured	Named Insured & Spouse	One-Parent Family	Two-Parent Family	Issue Age (Named Insured)	Named Insured	Named Insured & Spouse	One-Parent Family	Two-Parent Family	Issue Age (Named Insured)	Named Insured	Named Insured & Spouse	One-Parent Family	Two-Parent Family	Issue Age (Named Insured)	Named Insured	Named Insured & Spouse	One-Parent Family	Two-Parent Family
Non-Tobacco					Non-Tobacco					Non-Tobacco					Uni-Tobacco				
17-24	\$0.22	\$0.31	\$0.22	\$0.31	17-24	\$0.40	\$0.57	\$0.40	\$0.57	17-24	\$0.28	\$0.40	\$0.28	\$0.40	17-24	\$1.67	\$3.09	\$1.67	\$3.09
25-29	\$0.30	\$0.43	\$0.30	\$0.43	25-29	\$0.57	\$0.83	\$0.57	\$0.83	25-29	\$0.45	\$0.65	\$0.45	\$0.65	25-29	\$1.67	\$3.09	\$1.67	\$3.09
30-34	\$0.38	\$0.55	\$0.38	\$0.55	30-34	\$0.75	\$1.09	\$0.75	\$1.09	30-34	\$0.62	\$0.91	\$0.62	\$0.91	30-34	\$1.67	\$3.09	\$1.67	\$3.09
35-39	\$0.57	\$0.85	\$0.57	\$0.85	35-39	\$1.15	\$1.70	\$1.15	\$1.70	35-39	\$0.81	\$1.19	\$0.81	\$1.19	35-39	\$1.67	\$3.09	\$1.67	\$3.09
40-44	\$0.77	\$1.14	\$0.77	\$1.14	40-44	\$1.55	\$2.30	\$1.55	\$2.30	40-44	\$1.00	\$1.48	\$1.00	\$1.48	40-44	\$1.67	\$3.09	\$1.67	\$3.09
45-49	\$1.08	\$1.65	\$1.08	\$1.65	45-49	\$2.21	\$3.32	\$2.21	\$3.32	45-49	\$1.35	\$2.00	\$1.35	\$2.00	45-49	\$1.67	\$3.09	\$1.67	\$3.09
50-54	\$1.44	\$2.23	\$1.44	\$2.23	50-54	\$2.86	\$4.34	\$2.86	\$4.34	50-54	\$1.96	\$2.91	\$1.96	\$2.91	50-54	\$1.67	\$3.09	\$1.67	\$3.09
55-59	\$1.90	\$2.94	\$1.90	\$2.94	55-59	\$3.76	\$5.71	\$3.76	\$5.71	55-59	\$2.41	\$3.59	\$2.41	\$3.59	55-59	\$1.67	\$3.09	\$1.67	\$3.09
60-64	\$2.60	\$4.02	\$2.60	\$4.02	60-64	\$5.13	\$7.79	\$5.13	\$7.79	60-64	\$3.59	\$5.36	\$3.59	\$5.36	60-64	\$1.67	\$3.09	\$1.67	\$3.09
65-69	\$2.84	\$4.38	\$2.84	\$4.38	65-69	\$6.29	\$9.57	\$6.29	\$9.57	65-69	\$4.87	\$7.26	\$4.87	\$7.26	65-69	\$1.67	\$3.09	\$1.67	\$3.09
70-74	\$3.27	\$5.04	\$3.27	\$5.04	70-74	\$6.29	\$9.57	\$6.29	\$9.57	70-74	\$4.87	\$7.26	\$4.87	\$7.26	70-74	\$1.67	\$3.09	\$1.67	\$3.09
Tobacco					Tobacco					Tobacco									
17-24	\$0.39	\$0.56	\$0.39	\$0.56	17-24	\$0.64	\$0.91	\$0.64	\$0.91	17-24	\$0.31	\$0.44	\$0.31	\$0.44					
25-29	\$0.54	\$0.78	\$0.54	\$0.78	25-29	\$0.92	\$1.33	\$0.92	\$1.33	25-29	\$0.49	\$0.72	\$0.49	\$0.72					
30-34	\$0.69	\$1.00	\$0.69	\$1.00	30-34	\$1.20	\$1.75	\$1.20	\$1.75	30-34	\$0.68	\$1.00	\$0.68	\$1.00					
35-39	\$1.03	\$1.52	\$1.03	\$1.52	35-39	\$1.84	\$2.71	\$1.84	\$2.71	35-39	\$0.89	\$1.31	\$0.89	\$1.31					
40-44	\$1.38	\$2.05	\$1.38	\$2.05	40-44	\$2.48	\$3.68	\$2.48	\$3.68	40-44	\$1.10	\$1.62	\$1.10	\$1.62					
45-49	\$1.95	\$2.97	\$1.95	\$2.97	45-49	\$3.53	\$5.31	\$3.53	\$5.31	45-49	\$1.49	\$2.21	\$1.49	\$2.21					
50-54	\$2.59	\$4.01	\$2.59	\$4.01	50-54	\$4.57	\$6.94	\$4.57	\$6.94	50-54	\$2.15	\$3.20	\$2.15	\$3.20					
55-59	\$3.43	\$5.29	\$3.43	\$5.29	55-59	\$6.01	\$9.14	\$6.01	\$9.14	55-59	\$2.65	\$3.95	\$2.65	\$3.95					
60-64	\$4.69	\$7.23	\$4.69	\$7.23	60-64	\$8.20	\$12.47	\$8.20	\$12.47	60-64	\$3.95	\$5.89	\$3.95	\$5.89					
65-69	\$5.11	\$7.89	\$5.11	\$7.89	65-69	\$10.06	\$15.30	\$10.06	\$15.30	65-69	\$5.36	\$7.99	\$5.36	\$7.99					
70-74	\$5.88	\$9.08	\$5.88	\$9.08	70-74	\$10.06	\$15.30	\$10.07	\$15.31	70-74	\$5.36	\$7.99	\$5.36	\$7.99					
Uni-Tobacco					Uni-Tobacco					Uni-Tobacco									
17-24	\$0.24	\$0.35	\$0.24	\$0.35	17-24	\$0.43	\$0.62	\$0.43	\$0.62	17-24	\$0.28	\$0.40	\$0.28	\$0.40					
25-29	\$0.33	\$0.48	\$0.33	\$0.48	25-29	\$0.62	\$0.90	\$0.62	\$0.90	25-29	\$0.46	\$0.66	\$0.46	\$0.66					
30-34	\$0.43	\$0.62	\$0.43	\$0.62	30-34	\$0.81	\$1.19	\$0.81	\$1.19	30-34	\$0.63	\$0.92	\$0.63	\$0.92					
35-39	\$0.64	\$0.94	\$0.64	\$0.94	35-39	\$1.25	\$1.84	\$1.25	\$1.84	35-39	\$0.82	\$1.21	\$0.82	\$1.21					
40-44	\$0.85	\$1.27	\$0.85	\$1.27	40-44	\$1.69	\$2.50	\$1.69	\$2.50	40-44	\$1.01	\$1.50	\$1.01	\$1.50					
45-49	\$1.21	\$1.84	\$1.21	\$1.84	45-49	\$2.39	\$3.61	\$2.39	\$3.61	45-49	\$1.37	\$2.03	\$1.37	\$2.03					
50-54	\$1.61	\$2.48	\$1.61	\$2.48	50-54	\$3.10	\$4.71	\$3.10	\$4.71	50-54	\$1.99	\$2.96	\$1.99	\$2.96					
55-59	\$2.12	\$3.28	\$2.12	\$3.28	55-59	\$4.08	\$6.20	\$4.08	\$6.20	55-59	\$2.45	\$3.65	\$2.45	\$3.65					
60-64	\$2.90	\$4.48	\$2.90	\$4.48	60-64	\$5.57	\$8.46	\$5.57	\$8.46	60-64	\$3.65	\$5.44	\$3.65	\$5.44					
65-69	\$3.16	\$4.89	\$3.16	\$4.89	65-69	\$6.83	\$10.39	\$6.83	\$10.39	65-69	\$4.94	\$7.36	\$4.94	\$7.36					
70-74	\$3.64	\$5.62	\$3.64	\$5.62	70-74	\$6.83	\$10.39	\$6.83	\$10.39	70-74	\$4.94	\$7.36	\$4.94	\$7.36					

• Optional First Diagnosis Building Benefit Rider • For Critical Illness					• Optional First Diagnosis Building Benefit Rider • For Critical Illness and Cancer					• Optional First Diagnosis Building Benefit Rider • For Cancer					• Optional Heart Benefit Rider				
Amount for Named Insured: \$1000 for each rider year the rider is in force, up to a maximum of 10 rider years. Amount for Spouse and Dependent Children: \$500 for each year coverage for the spouse and dependent children under the rider is in force, up to a maximum of 10 years.					Amount for Named Insured: \$1000 for each rider year the rider is in force, up to a maximum of 10 rider years. Amount for Spouse and Dependent Children: \$500 for each year coverage for the spouse and dependent children under the rider is in force, up to a maximum of 10 years.					Amount for Named Insured: \$1000 for each rider year the rider is in force, up to a maximum of 10 rider years. Amount for Spouse and Dependent Children: \$500 for each year coverage for the spouse and dependent children under the rider is in force, up to a maximum of 10 years.					Rates illustrated per unit. Unit value varies for each benefit.				
Issue Age (Named Insured)	Named Insured	Named Insured & Spouse	One-Parent Family	Two-Parent Family	Issue Age (Named Insured)	Named Insured	Named Insured & Spouse	One-Parent Family	Two-Parent Family	Issue Age (Named Insured)	Named Insured	Named Insured & Spouse	One-Parent Family	Two-Parent Family	Issue Age (Named Insured)	Named Insured	Named Insured & Spouse	One-Parent Family	Two-Parent Family
Non-Tobacco					Non-Tobacco					Non-Tobacco					Non-Tobacco				
17-24	\$1.23	\$1.76	\$1.23	\$1.76	17-24	\$1.85	\$2.69	\$1.85	\$2.69	17-24	\$1.17	\$1.71	\$1.17	\$1.71	17-24	\$0.09	\$0.13	\$0.09	\$0.13
25-29	\$1.92	\$2.77	\$1.92	\$2.77	25-29	\$2.95	\$4.31	\$2.95	\$4.31	25-29	\$2.05	\$3.03	\$2.05	\$3.03	25-29	\$0.12	\$0.19	\$0.12	\$0.19
30-34	\$2.62	\$3.78	\$2.62	\$3.78	30-34	\$4.05	\$5.93	\$4.05	\$5.93	30-34	\$2.93	\$4.35	\$2.93	\$4.35	30-34	\$0.16	\$0.24	\$0.16	\$0.24
35-39	\$3.74	\$5.53	\$3.74	\$5.53	35-39	\$6.17	\$9.16	\$6.17	\$9.16	35-39	\$3.92	\$5.85	\$3.92	\$5.85	35-39	\$0.24	\$0.36	\$0.24	\$0.36
40-44	\$4.86	\$7.29	\$4.86	\$7.29	40-44	\$8.29	\$12.40	\$8.29	\$12.40	40-44	\$4.92	\$7.35	\$4.92	\$7.35	40-44	\$0.32	\$0.49	\$0.32	\$0.49
45-49	\$6.28	\$9.65	\$6.28	\$9.65	45-49	\$11.16	\$16.90	\$11.16	\$16.90	45-49	\$6.54	\$9.77	\$6.54	\$9.77	45-49	\$0.46	\$0.70	\$0.46	\$0.70
50-54	\$7.70	\$12.01	\$7.70	\$12.01	50-54	\$14.02	\$21.40	\$14.02	\$21.40	50-54	\$8.16	\$12.20	\$8.16	\$12.20	50-54	\$0.60	\$0.91	\$0.60	\$0.91
55-59	\$8.43	\$13.11	\$8.43	\$13.11	55-59	\$16.25	\$24.76	\$16.25	\$24.76	55-59	\$9.15	\$13.69	\$9.15	\$13.69	55-59	\$0.80	\$1.20	\$0.80	\$1.20
60-64	\$9.16	\$14.21	\$9.16	\$14.21	60-64	\$18.47	\$28.12	\$18.47	\$28.12	60-64	\$10.14	\$15.17	\$10.14	\$15.17	60-64	\$0.99	\$1.49	\$0.99	\$1.49
65-69	\$9.16	\$14.21	\$9.16	\$14.21	65-69	\$18.47	\$28.12	\$18.47	\$28.12	65-69	\$10.14	\$15.17	\$10.14	\$15.17	65-69	\$0.99	\$1.49	\$0.99	\$1.49
70-74	\$9.16	\$14.21	\$9.16	\$14.21	70-74	\$18.47	\$28.12	\$18.47	\$28.12	70-74	\$10.14	\$15.17	\$10.14	\$15.17	70-74	\$0.99	\$1.49	\$0.99	\$1.49
Tobacco					Tobacco					Tobacco					Tobacco				
17-24	\$2.21	\$3.16	\$2.21	\$3.16	17-24	\$2.97	\$4.30	\$2.97	\$4.30	17-24	\$1.28	\$1.88	\$1.28	\$1.88	17-24	\$0.16	\$0.24	\$0.16	\$0.24
25-29	\$3.46	\$4.98	\$3.46	\$4.98	25-29	\$4.72	\$6.89	\$4.72	\$6.89	25-29	\$2.25	\$3.34	\$2.25	\$3.34	25-29	\$0.22	\$0.34	\$0.22	\$0.34
30-34	\$4.71	\$6.80	\$4.71	\$6.80	30-34	\$6.47	\$9.49	\$6.47	\$9.49	30-34	\$3.22	\$4.79	\$3.22	\$4.79	30-34	\$0.29	\$0.43	\$0.29	\$0.43
35-39	\$6.73	\$9.96	\$6.73	\$9.96	35-39	\$9.87	\$14.66	\$9.87	\$14.66	35-39	\$4.32	\$6.43	\$4.32	\$6.43	35-39	\$0.44	\$0.65	\$0.44	\$0.65
40-44	\$8.75	\$13.12	\$8.75	\$13.12	40-44	\$13.26	\$19.84	\$13.26	\$19.84	40-44	\$5.41	\$8.08	\$5.41	\$8.08	40-44	\$0.58	\$0.88	\$0.58	\$0.88
45-49	\$11.30	\$17.37	\$11.30	\$17.37	45-49	\$17.85	\$27.04	\$17.85	\$27.04	45-49	\$7.20	\$10.75	\$7.20	\$10.75	45-49	\$0.83	\$1.26	\$0.83	\$1.26
50-54	\$13.86	\$21.62	\$13.86	\$21.62	50-54	\$22.44	\$34.24	\$22.44	\$34.24	50-54	\$8.98	\$13.42	\$8.98	\$13.42	50-54	\$1.09	\$1.63	\$1.09	\$1.63
55-59	\$15.17	\$23.60	\$15.17	\$23.60	55-59	\$26.00	\$39.62	\$26.00	\$39.62	55-59	\$10.06	\$15.06	\$10.06	\$15.06	55-59	\$1.43	\$2.16	\$1.43	\$2.16
60-64	\$16.48	\$25.57	\$16.48	\$25.57	60-64	\$29.56	\$44.99	\$29.56	\$44.99	60-64	\$11.15	\$16.69	\$11.15	\$16.69	60-64	\$1.78	\$2.68	\$1.78	\$2.68
65-69	\$16.48	\$25.57	\$16.48	\$25.57	65-69	\$29.56	\$44.99	\$29.56	\$44.99	65-69	\$11.15	\$16.69	\$11.15	\$16.69	65-69	\$1.78	\$2.68	\$1.78	\$2.68
70-74	\$16.48	\$25.57	\$16.48	\$25.57	70-74	\$29.56	\$44.99	\$29.56	\$44.99	70-74	\$11.15	\$16.69	\$11.15	\$16.69	70-74	\$1.78	\$2.68	\$1.78	\$2.68
Uni-Tobacco					Uni-Tobacco					Uni-Tobacco					Uni-Tobacco				
17-24	\$1.37	\$1.96	\$1.37	\$1.96	17-24	\$2.01	\$2.92	\$2.01	\$2.92	17-24	\$1.18	\$1.74	\$1.18	\$1.74	17-24	\$0.10	\$0.15	\$0.10	\$0.15
25-29	\$2.14	\$3.08	\$2.14	\$3.08	25-29	\$3.20	\$4.68	\$3.20	\$4.68	25-29	\$2.08	\$3.08	\$2.08	\$3.08	25-29	\$0.14	\$0.21	\$0.14	\$0.21
30-34	\$2.92	\$4.21	\$2.92	\$4.21	30-34	\$4.39	\$6.44	\$4.39	\$6.44	30-34	\$2.97	\$4.42	\$2.97	\$4.42	30-34	\$0.18	\$0.27	\$0.18	\$0.27
35-39	\$4.17	\$6.16	\$4.17	\$6.16	35-39	\$6.70	\$9.95	\$6.70	\$9.95	35-39	\$3.98	\$5.93	\$3.98	\$5.93	35-39	\$0.27	\$0.41	\$0.27	\$0.41
40-44	\$5.42	\$8.12	\$5.42	\$8.12	40-44	\$9.00	\$13.46	\$9.00	\$13.46	40-44	\$4.99	\$7.45	\$4.99	\$7.45	40-44	\$0.36	\$0.54	\$0.36	\$0.54
45-49	\$7.00	\$10.75	\$7.00	\$10.75	45-49	\$12.11	\$18.35	\$12.11	\$18.35	45-49	\$6.63	\$9.91	\$6.63	\$9.91	45-49	\$0.52	\$0.78	\$0.52	\$0.78
50-54	\$8.58	\$13.39	\$8.58	\$13.39	50-54	\$15.23	\$23.24	\$15.23	\$23.24	50-54	\$8.28	\$12.38	\$8.28	\$12.38	50-54	\$0.67	\$1.01	\$0.67	\$1.01
55-59	\$9.39	\$14.61	\$9.39	\$14.61	55-59	\$17.64	\$26.89	\$17.64	\$26.89	55-59	\$9.28	\$13.88	\$9.28	\$13.88	55-59	\$0.89	\$1.34	\$0.89	\$1.34
60-64	\$10.21	\$15.83	\$10.21	\$15.83	60-64	\$20.06	\$30.53	\$20.06	\$30.53	60-64	\$10.28	\$15.39	\$10.28	\$15.39	60-64	\$1.10	\$1.66	\$1.10	\$1.66
65-69	\$10.21	\$15.83	\$10.21	\$15.83	65-69	\$20.06	\$30.53	\$20.06	\$30.53	65-69	\$10.28	\$15.39	\$10.28	\$15.39	65-69	\$1.10	\$1.66	\$1.10	\$1.66
70-74	\$10.21	\$15.83	\$10.21	\$15.83	70-74	\$20.06	\$30.53	\$20.06	\$30.53	70-74	\$10.28	\$15.39	\$10.28	\$15.39	70-74	\$1.10	\$1.66	\$1.10	\$1.66

▪ Optional Cancer Benefit Rider					▪ Optional Cancer Benefit Rider					▪ Optional Cancer Benefit Rider					▪ Optional Infectious Disease Rider				
Level 1					Level 2					Level 3					Rates illustrated per unit. Unit value equals 50% of base plan.				
Issue Age (Named Insured)	Named Insured	Named Insured & Spouse	One- Parent Family	Two- Parent Family	Issue Age (Named Insured)	Named Insured	Named Insured & Spouse	One- Parent Family	Two- Parent Family	Issue Age (Named Insured)	Named Insured	Named Insured & Spouse	One- Parent Family	Two- Parent Family	Issue Age (Named Insured)	Named Insured	Named Insured & Spouse	One- Parent Family	Two-Parent Family
Uni-Tobacco					Uni-Tobacco					Uni-Tobacco					Uni-Tobacco				
17-24	\$6.96	\$11.04	\$6.96	\$11.04	17-24	\$10.40	\$16.18	\$10.40	\$16.18	17-24	\$14.93	\$25.19	\$14.93	\$25.19	17-24	\$0.29	\$0.43	\$0.29	\$0.43
25-29	\$6.96	\$11.04	\$6.96	\$11.04	25-29	\$10.40	\$16.18	\$10.40	\$16.18	25-29	\$14.93	\$25.19	\$14.93	\$25.19	25-29	\$0.29	\$0.43	\$0.29	\$0.43
30-34	\$6.96	\$11.04	\$6.96	\$11.04	30-34	\$10.40	\$16.18	\$10.40	\$16.18	30-34	\$14.93	\$25.19	\$14.93	\$25.19	30-34	\$0.29	\$0.43	\$0.29	\$0.43
35-39	\$6.96	\$11.04	\$6.96	\$11.04	35-39	\$10.40	\$16.18	\$10.40	\$16.18	35-39	\$14.93	\$25.19	\$14.93	\$25.19	35-39	\$0.29	\$0.43	\$0.29	\$0.43
40-44	\$6.96	\$11.04	\$6.96	\$11.04	40-44	\$10.40	\$16.18	\$10.40	\$16.18	40-44	\$14.93	\$25.19	\$14.93	\$25.19	40-44	\$0.29	\$0.43	\$0.29	\$0.43
45-49	\$6.96	\$11.04	\$6.96	\$11.04	45-49	\$10.40	\$16.18	\$10.40	\$16.18	45-49	\$14.93	\$25.19	\$14.93	\$25.19	45-49	\$0.29	\$0.43	\$0.29	\$0.43
50-54	\$6.96	\$11.04	\$6.96	\$11.04	50-54	\$10.40	\$16.18	\$10.40	\$16.18	50-54	\$14.93	\$25.19	\$14.93	\$25.19	50-54	\$0.29	\$0.43	\$0.29	\$0.43
55-59	\$6.96	\$11.04	\$6.96	\$11.04	55-59	\$10.40	\$16.18	\$10.40	\$16.18	55-59	\$14.93	\$25.19	\$14.93	\$25.19	55-59	\$0.29	\$0.43	\$0.29	\$0.43
60-64	\$6.96	\$11.04	\$6.96	\$11.04	60-64	\$10.40	\$16.18	\$10.40	\$16.18	60-64	\$14.93	\$25.19	\$14.93	\$25.19	60-64	\$0.29	\$0.43	\$0.29	\$0.43
65-69	\$6.96	\$11.04	\$6.96	\$11.04	65-69	\$10.40	\$16.18	\$10.40	\$16.18	65-69	\$14.93	\$25.19	\$14.93	\$25.19	65-69	\$0.29	\$0.43	\$0.29	\$0.43
70-74	\$6.96	\$11.04	\$6.96	\$11.04	70-74	\$10.40	\$16.18	\$10.40	\$16.18	70-74	\$14.93	\$25.19	\$14.93	\$25.19	70-74	\$0.29	\$0.43	\$0.29	\$0.43
▪ Optional Progressive Disease Rider					▪ \$50 Health Screening Benefit					▪ \$75 Health Screening Benefit					▪ \$100 Health Screening Benefit				
Rates illustrated per unit. Unit value equals 25% of base plan.																			
Issue Age (Named Insured)	Named Insured	Named Insured & Spouse	One- Parent Family	Two- Parent Family	Issue Age (Named Insured)	Named Insured	Named Insured & Spouse	One- Parent Family	Two- Parent Family	Issue Age (Named Insured)	Named Insured	Named Insured & Spouse	One- Parent Family	Two- Parent Family	Issue Age (Named Insured)	Named Insured	Named Insured & Spouse	One- Parent Family	Two-Parent Family
Uni-Tobacco					Uni-Tobacco					Uni-Tobacco					Uni-Tobacco				
17-24	\$0.05	\$0.08	\$0.05	\$0.08	17-24	\$2.90	\$4.50	\$2.90	\$4.50	17-24	\$4.78	\$7.43	\$4.78	\$7.43	17-24	\$6.65	\$10.35	\$6.65	\$10.35
25-29	\$0.05	\$0.08	\$0.05	\$0.08	25-29	\$2.90	\$4.50	\$2.90	\$4.50	25-29	\$4.78	\$7.43	\$4.78	\$7.43	25-29	\$6.65	\$10.35	\$6.65	\$10.35
30-34	\$0.05	\$0.08	\$0.05	\$0.08	30-34	\$2.90	\$4.50	\$2.90	\$4.50	30-34	\$4.78	\$7.43	\$4.78	\$7.43	30-34	\$6.65	\$10.35	\$6.65	\$10.35
35-39	\$0.05	\$0.08	\$0.05	\$0.08	35-39	\$2.90	\$4.50	\$2.90	\$4.50	35-39	\$4.78	\$7.43	\$4.78	\$7.43	35-39	\$6.65	\$10.35	\$6.65	\$10.35
40-44	\$0.05	\$0.08	\$0.05	\$0.08	40-44	\$2.90	\$4.50	\$2.90	\$4.50	40-44	\$4.78	\$7.43	\$4.78	\$7.43	40-44	\$6.65	\$10.35	\$6.65	\$10.35
45-49	\$0.05	\$0.08	\$0.05	\$0.08	45-49	\$2.90	\$4.50	\$2.90	\$4.50	45-49	\$4.78	\$7.43	\$4.78	\$7.43	45-49	\$6.65	\$10.35	\$6.65	\$10.35
50-54	\$0.05	\$0.08	\$0.05	\$0.08	50-54	\$2.90	\$4.50	\$2.90	\$4.50	50-54	\$4.78	\$7.43	\$4.78	\$7.43	50-54	\$6.65	\$10.35	\$6.65	\$10.35
55-59	\$0.05	\$0.08	\$0.05	\$0.08	55-59	\$2.90	\$4.50	\$2.90	\$4.50	55-59	\$4.78	\$7.43	\$4.78	\$7.43	55-59	\$6.65	\$10.35	\$6.65	\$10.35
60-64	\$0.05	\$0.08	\$0.05	\$0.08	60-64	\$2.90	\$4.50	\$2.90	\$4.50	60-64	\$4.78	\$7.43	\$4.78	\$7.43	60-64	\$6.65	\$10.35	\$6.65	\$10.35
65-69	\$0.05	\$0.08	\$0.05	\$0.08	65-69	\$2.90	\$4.50	\$2.90	\$4.50	65-69	\$4.78	\$7.43	\$4.78	\$7.43	65-69	\$6.65	\$10.35	\$6.65	\$10.35
70-74	\$0.05	\$0.08	\$0.05	\$0.08	70-74	\$2.90	\$4.50	\$2.90	\$4.50	70-74	\$4.78	\$7.43	\$4.78	\$7.43	70-74	\$6.65	\$10.35	\$6.65	\$10.35

Colonial Life & Accident Insurance Company
Appendix 1
Policy Forms GCI6000-P, GCI6000-C-DC, GCI6000-BB, GCI6000-CB, GCI6000-HB-DC, GCI6000-INF-DC, and GCI6000-PD-DC
Sample Monthly Attained Age Premium Rates

▪ Critical Illness Benefits					▪ Critical Illness Benefits ▪ Cancer Benefits with \$400 Skin Cancer Benefit					▪ Cancer Benefits with \$400 Skin Cancer Benefit				
Rates illustrated per unit. Named Insured unit value=\$1,000. Spouse and Dependent Children unit value=\$500.					Rates illustrated per unit. Named Insured unit value=\$1,000. Spouse and Dependent Children unit value=\$500.					Rates illustrated per unit. Named Insured unit value=\$1,000. Spouse and Dependent Children unit value=\$500.				
Attained Age (Named Insured)	Named Insured	Named Insured & Spouse	One-Parent Family	Two-Parent Family	Attained Age (Named Insured)	Named Insured	Named Insured & Spouse	One-Parent Family	Two-Parent Family	Attained Age (Named Insured)	Named Insured	Named Insured & Spouse	One-Parent Family	Two-Parent Family
Non-Tobacco					Non-Tobacco					Non-Tobacco				
17-24	\$0.08	\$0.13	\$0.08	\$0.13	17-24	\$0.13	\$0.20	\$0.13	\$0.20	17-24	\$0.09	\$0.14	\$0.09	\$0.14
25-29	\$0.11	\$0.16	\$0.11	\$0.16	25-29	\$0.18	\$0.27	\$0.18	\$0.27	25-29	\$0.12	\$0.18	\$0.12	\$0.18
30-34	\$0.14	\$0.21	\$0.14	\$0.21	30-34	\$0.25	\$0.37	\$0.25	\$0.37	30-34	\$0.16	\$0.24	\$0.16	\$0.24
35-39	\$0.22	\$0.32	\$0.22	\$0.32	35-39	\$0.50	\$0.76	\$0.50	\$0.76	35-39	\$0.33	\$0.50	\$0.33	\$0.50
40-44	\$0.38	\$0.56	\$0.38	\$0.56	40-44	\$0.80	\$1.20	\$0.80	\$1.20	40-44	\$0.47	\$0.70	\$0.47	\$0.70
45-49	\$0.58	\$0.86	\$0.58	\$0.86	45-49	\$1.24	\$1.86	\$1.24	\$1.86	45-49	\$0.71	\$1.06	\$0.71	\$1.06
50-54	\$0.81	\$1.22	\$0.81	\$1.22	50-54	\$1.76	\$2.64	\$1.76	\$2.64	50-54	\$0.99	\$1.49	\$0.99	\$1.49
55-59	\$1.19	\$1.78	\$1.19	\$1.78	55-59	\$2.50	\$3.74	\$2.50	\$3.74	55-59	\$1.36	\$2.04	\$1.36	\$2.04
60-64	\$1.66	\$2.50	\$1.66	\$2.50	60-64	\$3.44	\$5.16	\$3.44	\$5.16	60-64	\$1.82	\$2.73	\$1.82	\$2.73
65-69	\$2.33	\$3.50	\$2.33	\$3.50	65-69	\$4.36	\$6.55	\$4.36	\$6.55	65-69	\$2.08	\$3.12	\$2.08	\$3.12
70-74	\$3.17	\$4.76	\$3.17	\$4.76	70-74	\$5.61	\$8.41	\$5.61	\$8.41	70-74	\$2.49	\$3.73	\$2.49	\$3.73
Tobacco					Tobacco					Tobacco				
17-24	\$0.12	\$0.17	\$0.12	\$0.17	17-24	\$0.17	\$0.25	\$0.17	\$0.25	17-24	\$0.10	\$0.15	\$0.10	\$0.15
25-29	\$0.15	\$0.23	\$0.15	\$0.23	25-29	\$0.23	\$0.35	\$0.23	\$0.35	25-29	\$0.13	\$0.19	\$0.13	\$0.19
30-34	\$0.21	\$0.32	\$0.21	\$0.32	30-34	\$0.33	\$0.50	\$0.33	\$0.50	30-34	\$0.17	\$0.25	\$0.17	\$0.25
35-39	\$0.35	\$0.53	\$0.35	\$0.53	35-39	\$0.67	\$1.00	\$0.67	\$1.00	35-39	\$0.36	\$0.54	\$0.36	\$0.54
40-44	\$0.64	\$0.96	\$0.64	\$0.96	40-44	\$1.10	\$1.65	\$1.10	\$1.65	40-44	\$0.51	\$0.76	\$0.51	\$0.76
45-49	\$1.00	\$1.50	\$1.00	\$1.50	45-49	\$1.73	\$2.59	\$1.73	\$2.59	45-49	\$0.77	\$1.16	\$0.77	\$1.16
50-54	\$1.43	\$2.14	\$1.43	\$2.14	50-54	\$2.47	\$3.70	\$2.47	\$3.70	50-54	\$1.09	\$1.63	\$1.09	\$1.63
55-59	\$2.10	\$3.14	\$2.10	\$3.14	55-59	\$3.54	\$5.31	\$3.54	\$5.31	55-59	\$1.49	\$2.23	\$1.49	\$2.23
60-64	\$2.96	\$4.44	\$2.96	\$4.44	60-64	\$4.91	\$7.37	\$4.91	\$7.37	60-64	\$2.00	\$3.00	\$2.00	\$3.00
65-69	\$4.16	\$6.24	\$4.16	\$6.24	65-69	\$6.40	\$9.59	\$6.40	\$9.59	65-69	\$2.28	\$3.42	\$2.28	\$3.42
70-74	\$5.67	\$8.51	\$5.67	\$8.51	70-74	\$8.35	\$12.53	\$8.35	\$12.53	70-74	\$2.73	\$4.09	\$2.73	\$4.09
Uni-Tobacco					Uni-Tobacco					Uni-Tobacco				
17-24	\$0.09	\$0.13	\$0.09	\$0.13	17-24	\$0.14	\$0.21	\$0.14	\$0.21	17-24	\$0.10	\$0.14	\$0.10	\$0.14
25-29	\$0.11	\$0.17	\$0.11	\$0.17	25-29	\$0.19	\$0.28	\$0.19	\$0.28	25-29	\$0.12	\$0.18	\$0.12	\$0.18
30-34	\$0.15	\$0.22	\$0.15	\$0.22	30-34	\$0.26	\$0.39	\$0.26	\$0.39	30-34	\$0.16	\$0.24	\$0.16	\$0.24
35-39	\$0.24	\$0.35	\$0.24	\$0.35	35-39	\$0.53	\$0.79	\$0.53	\$0.79	35-39	\$0.34	\$0.51	\$0.34	\$0.51
40-44	\$0.41	\$0.62	\$0.41	\$0.62	40-44	\$0.84	\$1.26	\$0.84	\$1.26	40-44	\$0.47	\$0.71	\$0.47	\$0.71
45-49	\$0.64	\$0.95	\$0.64	\$0.95	45-49	\$1.31	\$1.96	\$1.31	\$1.96	45-49	\$0.72	\$1.08	\$0.72	\$1.08
50-54	\$0.90	\$1.35	\$0.90	\$1.35	50-54	\$1.86	\$2.79	\$1.86	\$2.79	50-54	\$1.01	\$1.51	\$1.01	\$1.51
55-59	\$1.32	\$1.97	\$1.32	\$1.97	55-59	\$2.65	\$3.97	\$2.65	\$3.97	55-59	\$1.38	\$2.06	\$1.38	\$2.06
60-64	\$1.85	\$2.77	\$1.85	\$2.77	60-64	\$3.65	\$5.48	\$3.65	\$5.48	60-64	\$1.85	\$2.77	\$1.85	\$2.77
65-69	\$2.59	\$3.89	\$2.59	\$3.89	65-69	\$4.65	\$6.98	\$4.65	\$6.98	65-69	\$2.11	\$3.16	\$2.11	\$3.16
70-74	\$3.53	\$5.29	\$3.53	\$5.29	70-74	\$6.00	\$9.00	\$6.00	\$9.00	70-74	\$2.52	\$3.78	\$2.52	\$3.78

State:	District of Columbia	Filing Company:	Colonial Life & Accident Insurance Company
TOI/Sub-TOI:	H07G Group Health - Specified Disease - Limited Benefit/H07G.001 Critical Illness		
Product Name:	Group Critical Illness/Cancer		
Project Name/Number:	Group Critical Illness/Cancer /GCI6000		

Supporting Document Schedules

Satisfied - Item:	Cover Letter
Comments:	
Attachment(s):	GCI6000 Submission Letter - DC Rates.pdf
Item Status:	
Status Date:	

Bypassed - Item:	Certificate of Authority to File
Bypass Reason:	Not third party filing.
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	Actuarial Memorandum GCI6000-P-DC.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Justification
Comments:	Please see Actuarial Memorandum above.
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	District of Columbia and Countrywide Loss Ratio Analysis (P&C)
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	District of Columbia and Countrywide Experience for the Last 5 Years (P&C)
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	

State:	District of Columbia	Filing Company:	Colonial Life & Accident Insurance Company
TOI/Sub-TOI:	H07G Group Health - Specified Disease - Limited Benefit/H07G.001 Critical Illness		
Product Name:	Group Critical Illness/Cancer		
Project Name/Number:	Group Critical Illness/Cancer /GCI6000		

Bypassed - Item:	Actuarial Memorandum and Certifications
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Unified Rate Review Template
Bypass Reason:	N/A. New filing.
Attachment(s):	
Item Status:	
Status Date:	

January 13, 2020

Commissioner of Insurance

RE: NAIC#: 0565 / 62049
Insurer: Colonial Life & Accident Insurance Company
Forms: GCI6000-P, et al
Type of Filing: Group Specified Disease

Dear Commissioner:

Attached for your review and approval are our new group specified disease policy, certificate, riders, and associated forms.

<u>Form</u>	<u>Description</u>	<u>Flesch Score</u>
GCI6000-P	Group Specified Disease Master Policy	52.1
GCI6000-C-DC	Group Specified Disease Certificate	51.8
R-GCI6000-CB	Group Cancer Benefits Rider	50.6
R-GCI6000-BB	Group First Diagnosis Building Benefit Rider	50.3
R-GCI6000-HB-DC	Group Heart Benefits Rider	50.6
R-GCI6000-INF-DC	Group Infectious Diseases Rider	50.4
R-GCI6000-PD-DC	Group Progressive Diseases Rider	50.7
GCI6000 Port-DC	Election of Group Specified Disease Insurance Portability Coverage	
GCI6000 Enroll-DC	Group Specified Disease Insurance Enrollment Form	
GCI6000 E of I-DC	Group Specified Disease Insurance Evidence of Insurability Form	
GCI6000SD19	Group Specified Disease Supplemental Data Form	

The forms do not replace any forms currently on file with your department. The readability scores for these forms are listed above. The text of the forms is uniform and no less than ten (10) point font size. These forms will be offered and marketed primarily at the worksite as supplemental insurance and not as a substitute for hospital or medical expense insurance or major medical insurance. Benefits provided are not intended to cover all medical expenses. There is no coordination of benefits. Please note all benefits are indemnity based.

These forms do not constitute comprehensive health insurance coverage and do not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

Coverage will be marketed to employer/employee groups by licensed Colonial Life & Accident Insurance Company agents and through relationships with insurance brokers. Premiums may be paid 100% by the employees or by full or partial contributions from the policyholder. This coverage may be marketed to associations and unions.

The group specified disease policy and certificate provides benefits for several critical illness conditions, additional critical illnesses for dependent children and cancer. The group policy also provides an optional Wellbeing Assistance Benefit.

We are also submitting several optional riders that provide coverage for supplemental critical illnesses, cancer, heart procedures, infectious diseases and progressive diseases.

Coverage amounts and which optional riders to offer will be chosen by the policyholder. The named insured will be able to select coverage options to meet their needs. The issue ages for this product will range from 16-74. Benefits are also available for spouse and dependent children.

Bracketed information is variable and may be removed or altered. A Statement of Variability is included with this filing and provides more detailed information regarding the requested variability.

The enrollment form, election of portability coverage form, evidence of insurability form and supplemental data form will be used with this product. The evidence of insurability form is bracketed for flexibility to support future enhancements to underwriting, based on face amount and age of the proposed insured. The supplemental data form will be used for overflow data from the additional data section on the enrollment and evidence of insurability forms. Form MAPP-DC, Application for Group Insurance, previously approved by your Department is the master application that is used with our group products. It was approved by your Department on 3/13/2013 under SERFF # UNUM-128907549.

An Underwriting Statement of Variability is also included with this filing and provides a more detailed explanation about the brackets within the evidence of insurability form.

Enrollment methods include agent-assisted situations, in person or via call centers and self-enrolled situations, using paper or electronic application processes, such as web-based. Electronic application processes may also be used in agent-assisted situations.

A separate forms filing has been submitted under SERFF# UNUM-132106302.

These forms have been submitted to our domicile state, South Carolina.

We reserve the right to alter the layout of these forms including ordering of the provision, color, typeface and font and to change variables as requested by a specific employer to accommodate future product design needs as long as such changes are in compliance with your state law without re-filing due to future technology changes (i.e. paper size, font, page numbers, ordering of the provisions, line ending or page ending changes). Any minimum font-size requirements will be in compliance with your state law. We also reserve the right to use these forms in an electronic format and certify that we will retain the approved final print format.

Thank you for your consideration. If acceptable, we shall appreciate your notifying us via SERFF. If you have any questions, please contact me at (800) 845-7330, extension 82962. My email address is blwessinger@coloniallife.com. The fax number is (803) 750-7341.

Sincerely,

A handwritten signature in cursive script that reads "Brandi Wessinger".

Brandi Wessinger
Product Compliance Consultant

COLONIAL LIFE & ACCIDENT
INSURANCE COMPANY

ACTUARIAL MEMORANDUM
for

Policy Forms GCI6000-P, GCI6000-C-DC, R-GCI6000-BB, R-GCI6000-CB, R-GCI6000-HB-DC, R-GCI6000-INF-DC and R-GCI6000-PD-DC

Scope & Purpose

To the extent that any material or information contained in this Actuarial Memorandum is required by law or regulation in this state to accompany this filing, then the purpose of this memorandum is to comply with those requirements. Any material contained in this memorandum that is not required by law or regulation is included for the purpose of supplying the regulator with information relevant to this filing. This Actuarial Memorandum is not intended to be used for any purpose other than described above.

Benefit Description

A summary of the benefits is listed below. Required benefits include either Benefit for Critical Illness, or Benefits for Cancer, or both. Optional benefits include First Diagnosis Building Benefit Rider, Cancer Benefits Rider, Heart Benefit Rider, Infectious Disease Rider, Progressive Disease Rider, and Health Screening Benefit. Detailed descriptions of the benefits are contained in the certificate and rider forms.

Face Amount

Coverage will be sold in units of \$1,000 with a minimum issue amount of \$1,000 and maximum issue amount of \$100,000.

Critical Illness Benefit

Covered Conditions

Percentage of Face Amount

Heart Attack (Myocardial Infarction)	100%
Stroke	100%
End Stage Renal (Kidney) Failure	100%
Major Organ Failure	100%
Coronary Artery Disease	25%
Permanent Paralysis due to a Covered Accident	100%
Coma	100%
Loss of Sight	100%
Loss of Hearing	100%
Loss of Speech	100%
Sudden Cardiac Arrest	100%
Benign Brain Tumor	100%
Occupational Infectious HIV or Hepatitis B, C or D-payable once per covered person per lifetime	100%

Subsequent Diagnosis

The policy will pay 25% of the face amount for the same critical illness if the date of diagnosis of the subsequent critical illness is more than 180 days after any previous date of diagnosis for a critical illness. This does not apply to the critical illness conditions only payable once per lifetime per covered person.

Cancer Benefits

Covered Conditions

	Percentage of Face Amount
Diagnosis of Cancer Benefit	100%
Diagnosis of Carcinoma in Situ Benefit	25%
Skin Cancer Benefit	\$400

Subsequent Diagnosis

The policy will pay 25% of the face amount for the same critical illness if the date of diagnosis of the subsequent critical illness is more than 180 days after any previous date of diagnosis for a critical illness. This does not apply to the critical illness conditions only payable once per lifetime per covered person.

First Diagnosis Building Benefit Rider

Optional rider, building by \$1,000 per year for named insured, up to 10 rider years, to pay a lump sum benefit upon diagnosis of a covered critical illness or invasive cancer, in addition to the face amount.

Cancer Benefit Rider

Optional rider, providing a full schedule of cancer benefits upon diagnosis of invasive cancer or skin cancer (limited benefits). Detailed description of benefits are contained in the policy and rider forms.

Heart Benefit Rider

Optional rider, paying 100%, 75%, or 10% of the face amount for heart benefits.

Infectious Diseases Rider

Optional rider, paying 50% of the face amount, once per lifetime, when a severe infectious or contagious disease diagnosed by a physician that results in the Insured being confined to a hospital for seven or more consecutive days.

Progressive Diseases Rider

Optional rider, paying 25% of the face amount, once per lifetime, when the insured is unable to perform two or more Activities of Daily Living due to disease as diagnosed by physician.

Optional Health Screening Benefit

\$50, \$75, or \$100

payable once per covered person per calendar year when the covered person has one of the following tests performed:

<ul style="list-style-type: none"> • Stress test on a bicycle or treadmill • Fasting blood glucose test • Blood test for triglycerides • BRCA1 or BRCA2 testing • Serum Cholesterol test to determine level of HDL and LDL • Bone marrow testing • Carotid Doppler 	<ul style="list-style-type: none"> • Echocardiogram (ECHO) • Skin cancer biopsy • Breast ultrasound • CA 15-3 (blood test for breast cancer) • CA 125 (blood test for ovarian cancer) • CEA (blood test for colon cancer) • Chest x-ray • Colonoscopy 	<ul style="list-style-type: none"> • Flexible sigmoidoscopy • Hemocult stool analysis • Mammography • Pap smear • PSA (blood test for prostate cancer) • Serum protein electrophoresis(blood test for myeloma) • Thermography • ThinPrep pap test
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• Electrocardiogram (EKG, ECG)		• Virtual colonoscopy
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Descriptions of the benefits are contained in the policy and rider forms.

Renewability Clause

The group policy is optionally renewable.

Gross Premium

Sample monthly issue age and attained age gross premiums are shown in Appendix 1. Based on the assumed distribution of sales, the average annual issue age premium is \$447.03 and the average annual attained age premium is \$353.88. Composite, uni-tobacco, and portability premium rates will be calculated on an actuarially consistent basis. Premiums may be adjusted based on experience.

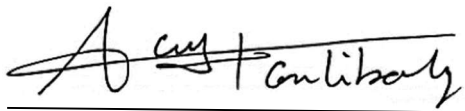
In group business it is often necessary to provide for special features with respect to benefits offered in any given policy or set of policies. Whenever a particular group requires special features, the initial premium rates to be charged will be computed on an actuarially consistent basis used for determining the premium rates then on file.

Anticipated Loss Ratio

The anticipated loss ratio for this form exceeds 50%.

Actuarial Certification

To the best of my knowledge and judgment, this rate filing is in compliance with the applicable laws and regulations of this state, and the premiums are reasonable in relation to the benefits provided. I hereby certify in my opinion that the rates submitted with this filing are not excessive, inadequate or unfairly discriminatory.



Kindanna Coulibaly, FSA, MAAA
Assistant Vice President, Pricing Actuary

January 13, 2020